

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO 10649701	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	
	IND	DEP	IND	DEP	IND	DEP			
1	1						51		
2		1					52		
3	1						53		
4		1					54		
5		2	2				55		
6	2	2	2				56		
7	2	2	2				57		
8	2	2	2				58		
9	2	2	2				59		
10	1						60		
11	1						61		
12							62		
13							63		
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43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	4	1		1			TOTAL IND.		
TOTAL DEP.	9	1		1			TOTAL DEP.		
TOTAL CLAIMS	13						TOTAL CLAIMS		